

DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUOROPOLYMER LOW REFLECTING LAYERS FOR PLASTIC LENSES AND DEVICES

the specification of which is attached hereto unless the following box is checked:

was filed on 07 October 2003 as U.S. Application No. _____ or PCT International Application No. PCT/US03/32090
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

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I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Application No.

Country

Filing Date

Priority Claimed (Yes / No)

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I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.

U.S. Provisional Application No.

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POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Name: GAIL A DALICKAS	Registration No.: 40,979	
Send correspondence and direct telephone calls to: GAIL A DALICKAS	E. I. du Pont de Nemours and Company Legal - Patents Wilmington, DE 19898, U.S.A.	Tel. No. (302) 992-4773 Fax No.

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INVENTOR(S)

Full Name of Inventor	Last Name IWATO	First Name SATOKO	Middle Name
	Signature (please sign full name): <i>Satoko</i>		Date: <u>March 27, 2006</u>
Residence & Citizenship	City TOKYO	State or Foreign Country JAPAN	Country of Citizenship JP
Post Office Address	Post Office Address 4-27-8 JINGUUMAE, SHIBUYA-KU	City TOKYO	State or Country JAPAN
			Zip Code 150-0001

Additional Inventors are being named on separately numbered sheets attached hereto.

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Full Name of Inventor	Last Name FEIRING	First Name ANDREW	Middle Name EDWARD	
	Signature (please sign full name):		Date:	
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Full Name of Inventor	Last Name KAKU	First Name MUREO	Middle Name	
	Signature (please sign full name): <i>Mureo Kaku</i>		Date: March 30, 2006	
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Full Name of Inventor	Last Name FEIRING	First Name ANDREW	Middle Name EDWARD	
	Signature (please sign full name): <i>Andrew Edward Feiring</i>		Date: <i>March 22, 2006</i>	
Residence & Citizenship	City WILMINGTON	State or Foreign Country DELAWARE	Country of Citizenship USA	
Post Office Address	Post Office Address 7 BUCKRIDGE DRIVE	City WILMINGTON	State or Country DELAWARE	Zip Code 19807
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	Signature (please sign full name): <i>Ronald Earl Uschold</i>		Date: 3/22/06	
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